This Form is supplied free of charge. Please ensure the Form is fully and properly completed. Failure to do so will result in delays in processing your benefits

PENSION COMMUTATION FORM (PCF)

PF: _____

The Chairman
Board of Trustees
PCK Staff Pension Scheme
P.O. Box 46621 -00100
NAIROBI

Dear Sir,

NHIF Building
9th Floor
1st Ngong Avenue
P.O. Box 46621-00100
Tel: 2737976/2720065 - Nairobi

POSTAL CORPORATION OF KENYA STAFF PENSION SCHEME

[**Part 1 to be filled only by Members aged 50 years and above and those leaving on Medical Grounds. Part 2 to be filled only by members aged below 50 years]**

I refer to the attached copy of letter of retirement date _____

PART 1: MEMBERS AGED 50 YEARS AND ABOVE OR LEAVING ON MEDICAL GROUNDS

a) I wish to commute a portion (_____) of my pension.

NOTE: Maximum commutation is one third (1/3) subject to Income Tax limits.

The word "One third" should be inserted if commutation of this is desired. Where a lesser portion is to be commuted the desired fraction should be stated.

b) I wish to draw (choose one):-

EITHER

(i) an immediate monthly pension _____

OR

(ii) a cash lump sum (pension gratuity) plus a residual pension (monthly pension)

_____

c) I undertake: not to revoke my election to commute a portion of my pension.

PART 2: MEMBERS AGED UNDER 50 YEARS

I wish to be paid (choose one)

EITHER

(i) a deferred pension payable from Normal Retirement Age (55)
_____

OR

(ii) _____ % of accrued benefits (Upto a maximum of 50%)

PART 3: PAY POINT

(a) The address at which I wish to draw my commuted pension gratuity/cash equivalent of the deferred pension (Bank Name-Account No., Title, Branch and other Bank Details).

Bank Name: _____ Bank Code: _____

Branch Name: _____Branch Code: _____

Account No.: _____

(b) The address at which I wish to draw my monthly pension is (Bank Name-Account No., Title, Branch and other Bank Details)

Bank Name: _____Bank Code: _____

Branch Name: _____Branch Code: _____

Account No.: _____

PART 4: OFFICIAL NAMES

My full names as shown in my National Identity Card (attach a copy) are:
_____

_____

PART 5: RECORD OF MEMBERS IN MY FAMILY.

(Complete Part (a) only in case of one spouse)

[Complete Part (b) and the other parts depending on the number of wives].
[In case the wife is deceased her full names and children by her should be given].

(a) FULL NAME OF SPOUSE_____
(attach copy of marriage Certificate)
(Indicate if alive or deceased)

FULL NAMES OF CHILDREN BY HER (attach copies of Birth Certificates)	DATES OF BIRTH OF THE CHILDREN Day Month Year	OCCUPATION OF CHILDREN (WHETHER MARRIED IN SCHOOL etc)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

(b) FULL NAME OF WIFE: _____
(Full Names of children by her
(attach copies of birth Certificates)
(indicate if alive or deceased)

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

(**c) FULL NAME OF WIFE**:_____
(Full Names of children by her
(attach copies of birth Certificates)
(indicate if alive or deceased)

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

PART 6: CONTACT ADDRESS

RESIDENTIAL ADDRESS AND TELEPHONE CONTACT AFTER RETIREMENT

Mobile No.: _____

Home Address: _____Code: _____

E-MAIL: _____

PART 7: MEMBERS SIGNATURE

Member's Signature _____ Date _____

Member's Designation _____

Member's Scale _____

Employer Certificate

Certified to be accurate according to employment records.

Signed _____Date _____

Name of Officer Signing _____

Rank of Officer Signing _____

Name of Employer _____

Official Rubber Stamp _____

7. CONSENT.

I _____
(Full name)

Of _____
(Address)

_____
(Phone number)

_____
(Email)

On this day _____
(Date)

have read, understood, and accept each of the statements in this document and consent to personal and sensitive information about me being collected, used and disclosed by you as indicated above to facilitate payment of retirement benefits.

_____
(Sign)

WITNESS

Signed for and on behalf of _____
(Sign)

_____
(Print name)